

Child Support Referral

The Division of Child Support (DCS) will use your personal information and social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

Information About the Children's Parents

Mother of Children					Father of Children				
NAME (FIRST / MIDDLE / LAST)					NAME (FIRST / MIDDLE / LAST)				
OTHER NAMES USED					OTHER NAMES USED				
P.O. BOX OR STREET ADDRESS					P.O. BOX OR STREET ADDRESS				
CITY			STATE	ZIP CODE	CITY			STATE	ZIP CODE
HOME PHONE ()	MESSAGE PHONE ()	CELL PHONE ()			HOME PHONE ()	MESSAGE PHONE ()	CELL PHONE ()		
E-MAIL ADDRESS					E-MAIL ADDRESS				
SOCIAL SECURITY NUMBER			DATE OF BIRTH (MONTH / DAY / YEAR)		SOCIAL SECURITY NUMBER			DATE OF BIRTH (MONTH / DAY / YEAR)	
PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)					PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)				
RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
NATIVE LANGUAGE (If correspondence needed in other than English)					NATIVE LANGUAGE (If correspondence needed in other than English)				
TRIBAL AFFILIATION (IF ANY)		LIVES ON AN INDIAN RESERVATION? <input type="checkbox"/> NO <input type="checkbox"/> YES			TRIBAL AFFILIATION (IF ANY)		LIVES ON AN INDIAN RESERVATION? <input type="checkbox"/> NO <input type="checkbox"/> YES		
LAST-KNOWN EMPLOYER'S NAME					LAST-KNOWN EMPLOYER'S NAME				
EMPLOYER'S P.O. BOX OR STREET ADDRESS					EMPLOYER'S P.O. BOX OR STREET ADDRESS				
EMPLOYER'S CITY			STATE	ZIP CODE	EMPLOYER'S CITY			STATE	ZIP CODE
EMPLOYER'S TELEPHONE NUMBER ()		IS THIS A TRIBAL BUSINESS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK			EMPLOYER'S TELEPHONE NUMBER ()		IS THIS A TRIBAL BUSINESS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		
MOTHER'S FATHER'S NAME		MOTHER'S MOTHER'S MAIDEN NAME			FATHER'S FATHER'S NAME		FATHER'S MOTHER'S MAIDEN NAME		

The Children's Residence

The children listed on page 2 live with: Mother Father Other (specify): _____

Did the noncustodial parent ever live with or provide support for the children in Washington State? No Yes
If yes, when? _____

What percentage of the time do the children listed on page 2 reside with the mother? _____ percent.

What percentage of the time do the children listed on page 2 reside with the father? _____ percent.

What percentage of the time do the children listed on page 2 reside with a non-parent custodian? _____ percent.

If the Children Do Not Live With the Mother or Father, Complete This Section

YOUR NAME			YOUR P.O. BOX OR STREET ADDRESS		
YOUR SOCIAL SECURITY NUMBER		YOUR DATE OF BIRTH	YOUR CITY		YOUR STATE
YOUR ZIP CODE	YOUR RELATIONSHIP TO THE CHILDREN			YOUR HOME PHONE ()	YOUR MESSAGE PHONE ()
YOUR CELL PHONE ()	YOUR TRIBAL AFFILIATION (IF ANY)			DO YOU LIVE ON AN INDIAN RESERVATION? <input type="checkbox"/> NO <input type="checkbox"/> YES	

Information About the Children for Whom You Want Child Support

List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.

CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)	TRIBAL AFFILIATION (IF ANY)
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DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NO, THEN WHERE (COUNTY / STATE)?
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IS THERE A SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, DATE OF ORDER (MONTH / DAY / YEAR)	IF YES, PLACE ORDER ENTERED (COUNTY / STATE / TRIBE)
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CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)	TRIBAL AFFILIATION (IF ANY)
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DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NO, THEN WHERE (COUNTY / STATE)?
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IS THERE A SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, DATE OF ORDER (MONTH / DAY / YEAR)	IF YES, PLACE ORDER ENTERED (COUNTY / STATE / TRIBE)
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CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)	TRIBAL AFFILIATION (IF ANY)
------------------------------------	--	-----------------------------

DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NO, THEN WHERE (COUNTY / STATE)?
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IS THERE A SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, DATE OF ORDER (MONTH / DAY / YEAR)	IF YES, PLACE ORDER ENTERED (COUNTY / STATE / TRIBE)
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Marriage Information for the Parents of the Children Listed Above

DATE MARRIED (MONTH / DAY / YEAR)	PLACE MARRIED (COUNTY / STATE)
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DATE DIVORCED (MONTH / DAY / YEAR)	PLACE DIVORCED (COUNTY / STATE)
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DATE SEPARATED (MONTH / DAY / YEAR)	PLACE SEPARATED (COUNTY / STATE)
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Restraining Order / Safety Concerns

Is there a restraining / protection order in place or do you have safety concerns for you or your children? NO YES

Public Assistance and Support Payment Information

Have you or the children listed above ever received public assistance from a state or tribe? NO YES

IF YES, WHERE (COUNTIES / STATES / TRIBES)	IF YES WHEN (MONTHS / YEARS)
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If you received child support from the noncustodial parent, complete the **Declaration of Support Payments** and return it to DCS. **Attach copies of all support orders.**

Declaration

I agree to tell the DCS immediately, in writing, of any new or changed information that relates to collecting support from the parent responsible for paying support.

I certify or declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

Signed at _____, Washington.

SIGNATURE	DATE
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No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request